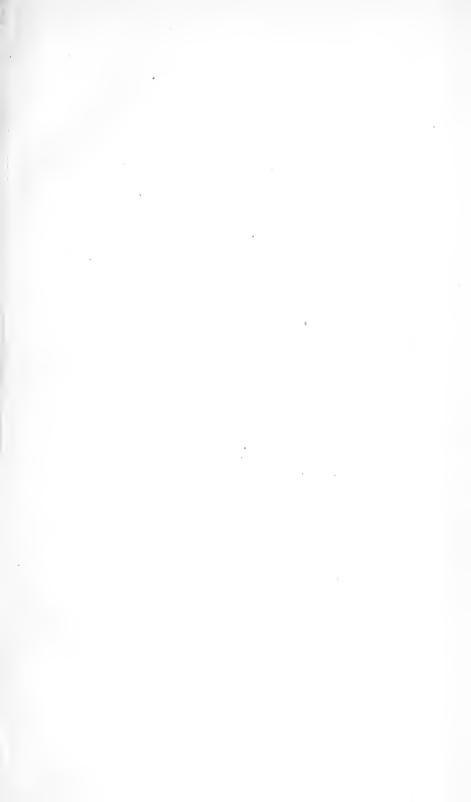


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SIXTY-SIXTH ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER LUNATIC HOSPITAL,

AND

TWENTY-FIRST ANNUAL REPORT OF THE TRUSTEES

OF THE

WORCESTER INSANE ASYLUM AT WORCESTER,

FOR THE

YEAR ENDING SEPTEMBER 30, 1898.

BOSTON:

WRIGHT & POTTER PRINTING CO., STATE PRINTERS, 18 Post Office Square.

1899.

OFFICERS OF THE HOSPITAL.

TRUSTEES.

A. GEORGE BULLOCK,			WORCESTER.
THOMAS H. GAGE, .			
GEORGE W. WELLS, .			
ROCKWOOD HOAR, .			Worcester.
DAVID T. DICKINSON,			CAMBRIDGE.
SARAH E. WHITIN, .			WHITINSVILLE.
FRANCES M. LINCOLN.			WORCESTER.

RESIDENT OFFICERS.

HOSEA M. QUINBY, M.D.,	•	•	•	•	Superintendent.
ALFRED I. NOBLE, M.D.,	,				Assistant Superintendent.
ADOLF MEYER, M.D., .					Assistant Physician and
					Director of Laboratory.
REVERE R. GURLEY, M.D.	,				Assistant Physician.
A. ROSS DEFENDORF, M.D	٠,				Assistant Physician.
MARGARET A. FLEMING,	M.D	٠,			Assistant Physician.
HARRY W. MILLER, M.D.,					Junior Assistant.
WALTER D. BERRY, M.D.,					Junior Assistant.
ALBERT E. LOVELAND, M	.D.,				Junior Assistant.
ALBERT M. BARRETT, M.I).,				Junior Assistant.
THOMAS T. SCHOULER,					Steward.
LILA J. GORDON,					Matron.
S. JOSEPHINE BRECK,	•				Clerk.
JOSEPH F. REYNOLDS,					Farmer.

NON-RESIDENT OFFICERS.

ALBERT WOOD, .		•		Treasurer.
GEORGE L. CLARK,				Auditor.
ALVAN G. LAMB, .				Engineer.

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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester Lunatic Hospital respectfully submit their sixty-sixth annual report, together with the reports of the superintendent and the treasurer, and the statistical tables, showing in detail the affairs of this institution.

The Board has visited the hospital once a month as required, and its individual members have made frequent and unannounced visits at other times. They have examined all parts of the house thoroughly, inspected the food as to its quality and quantity, and seen the methods used in its preparation and distribution; they have gone through the wards and listened patiently to any and all complaints made by patients; and they have carefully examined the accounts and disbursements of the institution, and made themselves familiar with the condition of its finances. They have at all times been impressed with the orderliness and cleanliness of the wards, with the individual care given the patients, and the constant effort that is being made to employ and interest them.

They have noticed with special interest the progressive spirit animating the medical department and the high character and great value of the work done in the laboratory.

The infirmary wards, provided for by an appropriation of the Legislature of 1896, are practically completed and will soon be occupied. The trustees feel that the site for these wards was most happily chosen, and that they have been so constructed as to in no way detract from the symmetry of the building architecturally. Facing the south and open on three sides, they are light, airy and full of sun through the day. The general arrangement of their interior is certainly pleasing and con-

venient, and they should form a valuable addition to the equipment of the hospital, and will no doubt be appreciated by the patients for whose comfort they were designed.

During the summer the heating plant of the institution has been overhauled and new boilers installed to replace old ones that had been in use since the opening of the building. A new kitchen has also been completed. All of this work, although done rapidly from necessity, is thorough and substantial in every respect. Both buildings have been erected within the appropriation made by the Legislature for this purpose. The extension provided for in the rear of the centre building, for the employees and patients' work room, will soon be begun. When this is finished and a nurses' home provided for, the institution will be well equipped in the way of buildings; and the trustees see no reason why they should be obliged to again call upon the State for assistance for many years to come.

The Board has lost during the year, by resignation, two members who have long been actively identified with its interests and the interests of the institution under its charge, — Francis C. Lowell and Henry C. Nourse. We shall miss their valued counsel and assistance, and we regret that the new positions of trust to which they have been called made their resignation from this Board necessary.

Respectfully submitted,

A. GEORGE BULLOCK.
THOMAS H. GAGE.
GEORGE W. WELLS.
ROCKWOOD HOAR.
DAVID T. DICKINSON.
SARAH E. WHITIN.
FRANCES M. LINCOLN.

WORCESTER, Sept. 30, 1898.

VALUE OF PERSONAL ESTATE.

SEPT. 30, 1898.

Live stock on the farm,								\$9,775	00
Produce of the farm on hand	, .							10,000	00
Carriages and agricultural in	nplei	ments,						6,450	00
Machinery and mechanical fi	xtur	es, .						29,509	33
Beds and bedding in inmates	' dep	artme	ent,					29,280	32
Other furniture in inmates' d	lepar	tment	, .					22,481	82
Personal property belonging	to t	he Sta	ate ir	n sup	erint	endei	nt's		
department,								26,922	42
Ready-made clothing, .								1,659	20
Dry goods,								792	55
Provisions and groceries, .								3,967	81
Drugs and medicine,								900	00
Fuel,				,			,	1,406	50
Library,								4,500	00
Other supplies undistributed,								5,276	39
Pipes and radiators,								39,700	00
Total,								\$192,621	34

TREASURER'S REPORT.

To the Trustees of the Worcester Lunatic Hospital.

Amounts carried forward, .

I herewith submit my annual report on the finances of the Worcester Lunatic Hospital for the year ending Sept. 30, 1898:—

		RE	CEIPT	S.					
Cash on hand Sept. 30, 189	7,		,					\$44,031	90
Received of the Commonw									
of cities and town								86,399	08
of individuals for								43,099	90
for interest, sale								5,601	63
belonging to pati	ients,	, •						2,560	66
								\$218,971	92
The expenditures fo	r th	e ye	ar h	ave	been	as follo	ows	:-	
Salaries and wages, .		-							99
Provisions and supplies,								1,	
Meat of all kinds, .						\$13,177	22		
Fish of all kinds, .						3,041			
Fruit and vegetables, .						5,502			
Flour,						6,807			
Grain and meal for table,						627			
Grain and meal for stock,						4,512	31		
Tea, coffee and chocolate,						2,052			
Sugar and molasses, .						4,341			
Butter and cheese, .						8,884			
Salt and other groceries,						4,484			
All other provisions, .						860			
Total for provisions a								54,292	98
Clothing,						\$8,756	65		
Fuel,						8,077	53		
Lights,						4,140	60		
Water,						3,005	09		
Medicine and medical sup						1,575	96		
Furniture, beds and beddi	-					4,148	77		
Transportation,						254	96		

\$29,959 56 \$115,878 97

Amounts brought forward,					\$29,959	56	\$115,878	97
Ordinary repairs,					8,856	55		
Trustees' expenses,	Ċ	•	•		•	84		
Pathological department, .	·		Ċ	•	1,151			
All other current expenses,	·		·	·	12,833			
and other current expenses,	·	•	•	•			52,842	88
Total current expenses,							\$168,721	85
Extraordinary expenses: -								
Water sections,		. 8	8,012	88				
Sewer and water connections	to n	ew						
infirmary wards,			2,201	32				
House telephone system, .			2,122	08				
Fire-proof vault,			3,769	19				
Silo,			294					
Lawn fund,	Ĭ.		1,500					
Boilers and setting same, .	Ċ		2,398					
Tramway,	•		1,033					
Trainway,	•	•	1,000		\$21,331	ΛR		
Undertaking,		_	\$308	40	ψ21,001	00		
0 1 1 1 1	•	•						
				29				
Cash refunded patients (on de	posit	s),	3,272	97	0.00	0.0		
Total extraordinary expen		-			3,604	: 00		
10tal extraordinary exper								PT 4
J T	ises,	•	•	•			24,935	74
, <u>-</u>	ises,	•	•	•			\$193,657	
Cash on hand Sept. 30, 1898,	ises,		•	•				59
	ises,			•			\$193,657 25,314	59 33
	,	•	RCES				\$193,657	59 33
Cash on hand Sept. 30, 1898,	RE	sou	. RCES.			•	\$193,657 25,314 \$218,971	59 33
Cash on hand Sept. 30, 1898, Cash on hand,	RES	sou ·					\$193,657 25,314 \$218,971 \$25,314	59 33 92 33
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth	RES	sou boai	rd, etc				\$193,657 25,314 \$218,971 \$25,314 9,176	59 33 92 33 60
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth from cities and towns for	RES	sou boai	rd, etc	., .			\$193,657 25,314 \$218,971 \$25,314 9,176 21,328	59 33 92 33 60 98
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth	RES	sou boai	rd, etc				\$193,657 25,314 \$218,971 \$25,314 9,176	59 33 92 33 60 98
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth from cities and towns for	RES	sou boai	rd, etc	•			\$193,657 25,314 \$218,971 \$25,314 9,176 21,328	59 33 92 33 60 98 67
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth from cities and towns for	Res	sou board,	rd, etc	•			\$193,657 25,314 \$218,971 \$25,314 9,176 21,328 13,036	59 33 92 33 60 98 67
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth from cities and towns for from individuals, Due for supplies and improve	RES boa boa LIA	sou . board, .	rd, etc etc.,	•	· · · · · · · · · · · · · · · · · · ·	•	\$193,657 25,314 \$218,971 \$25,314 9,176 21,328 13,036 \$68,856	59 33 92 33 60 98 67
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth from cities and towns for from individuals, Due for supplies and improve	RES boa boa LIA	sou . board, .	rd, etc etc.,	•	\$8,658	. 17	\$193,657 25,314 \$218,971 \$25,314 9,176 21,328 13,036 \$68,856	59 33 92 33 60 98 67
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth from cities and towns for from individuals, Due for supplies and improve for salaries and wages,	REA. for boa	sou . board, .	rd, etc etc.,	•		: : : : : : : : : : : : : : : : : : :	\$193,657 25,314 \$218,971 \$25,314 9,176 21,328 13,036 \$68,856	59 33 92 33 60 98 67
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth from cities and towns for from individuals, Due for supplies and improve	REA. for boa	sou . board, .	rd, etc etc.,	•	5,277	: : : : : : : : : : : : : : : : : : :	\$193,657 25,314 \$218,971 \$25,314 9,176 21,328 13,036 \$68,856	59 33 92 33 60 98 67 58
Cash on hand Sept. 30, 1898, Cash on hand, Due from the Commonwealth from cities and towns for from individuals, Due for supplies and improve for salaries and wages,	RES. for loboa LIA	sou board, ·	rd, etc etc.,		5,277 1,206	: : : : : : : : : : : : : : : : : : :	\$193,657 25,314 \$218,971 \$25,314 9,176 21,328 13,036 \$68,856	59 33 92 33 60 98 67 58

ALBERT WOOD,

Treasurer.

SPECIAL APPROPRIATIONS.

	Appropriations.	Amount Expended,	Balance Oct. 1, 1898.
For construction in new infirmary wards,	\$80,000 00	\$57 , 870 90	\$22,129 10
New boiler house and boilers, .	11,000 00	11,000 00	_
Construction of new kitchen, .	18,000 00	8,409 91	9,590 09
Total,	\$109,000 00	\$77,280 81	\$31,719 19

INCOME OF LIBRARY FUNDS, ETC.

	LEV	vis F	UND						
Cash on hand Sept. 30, 1897,						\$5	69		
Interest on Springfield bond,						70	00		
					-		_	\$75	69
Rent in State safe deposit vau	lt,					\$ 5	00		
Deposit in Worcester County I	nstit	ution	for S	Savin	gs,	20	00		
Cash on hand Sept. 30, 1898,			٠			50	69		
					-			\$7 5	6 9
•									
7	VHEE	ELER	Fun	D.					
Cash on hand Sept. 30, 1897,						\$24	73		
Dividends and tax rebate, .						21 0	39		
					-			\$2 35	12
Expended for books,		٠	•	•	•	\$175			
Cash on hand Sept. 30, 1898,	•	•		•	•	59	62		
					-			\$2 35	12
	3.6		г.						
	MAN),					
From principal,	•			•	•	\$123			
Dividends,		•	•	•	٠	47	00		
								\$170	44

	Law		JND.					
Principal established March 30	, 1898	3,	•	•	. \$1,500			
Sale of wood,	•	•	•	•	. 154			
Dividend,	•			•	. 15	00	A + 0.00	0.0
							\$1,669	00
Deposited in Worcester Mecha	nics S	Savin	gs B	ank,		•	\$1,669	00
Library I	UND	AND	LAV	wn F	UND.			
Lewi	s Fun	nd In	vestn	nent.				
Springfield bond,					. \$1,140			
Worcester County Institution f	or Sa	ving	s,		. 134	90		
Cash on hand Sept. 30, 1898,					. 50	69		
							\$1,325	59
Wheel	er Fu	nd I	nvest	ment.				
Seven shares Central National					. \$840	00		
Six shares Worcester National	Bank	Σ,			. 750	00		
Worcester County Institution f	or Sa	ving	s,		. 1,145	86		
Worcester Five Cents Savings	Bank	τ,		•	. 1,719	49		
Cash on hand Sept. 30, 1898,		•			. 59	62		
							4,514	97
Manso	m Fu	nd I	nvest	ment.				
Worcester County Institution f	or Sa	ving	s,				1,130	97
Total of library funds,							\$6,971	53
20th of Horary Tanas,	•	•	•	•	•	•	Ψ0,011	00
	Law	n Fu	nd.					
Worcester Mechanics Savings	Bank	,					\$1,669	00
							. ,	
I	AND	Acc	OUNT	2.				
Cash on hand Sept. 30, 1897,							\$631	13
	EXPE			-				
Remitted to State Treasurer,					. \$500			
Cash on hand Sept. 30, 1898,		٠	•	•	. 131	13	#C04	10
							\$631	13

Respectfully submitted,

ALBERT WOOD,

Treasurer.

Ост. 1, 1898.

WORCESTER, MASS., Oct. 24, 1898.

I hereby certify that I have this day compared the treasurer's statement of disbursements for the year ending Sept. 30, 1898, with the vouchers on file at the Worcester Lunatic Hospital, and find them to agree. I have also inspected the securities representing the invested funds of the institution, and find that their market value is as stated.

GEO. L. CLARK,

Auditor of Accounts.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester Lunatic Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Sept. 30, 1898, it being the sixty-sixth annual report.

There remained at the hospital Oct. 1, 1897, 867 patients,— 382 men and 485 women. During the year 488 patients -257 men and 231 women — were received; 481 patients — 261 men and 220 women - were discharged; and 57 men and 44 women died, leaving at the end of the official year 874 patients, -378 men and 496 women. Of this number, 274 were supported by the State, 472 by cities and towns and 160 by friends. Of the 481 persons discharged, 121, including 2 habitual drunkards (women), were reported recovered, 56 as much improved, 70 as improved and 125 not improved; 8 were discharged not insane. Ten men and 16 women were removed by the overseers of the poor; 32 men and 24 women were discharged to the care of the Board of Lunacy and Charity, to be removed from the State; 17 men and 13 women were transferred to the Epileptic Hospital; 15 men to the Boston Lunatic Hospital; 1 man and 30 women to the Medfield Asylum; 15 women to the Worcester Insane Asylum; 1 man to Bridgewater, 1 to Taunton and 1 to the McLean Hospital; 5 escaped, and were not returned to the hospital or accounted for at the end of the official year. Of the 8 persons discharged as not insane, 6 of them were cases of simple overindulgence in alcohol, and the 2 others, one of whom was committed from the Reformatory for Women and the other from the Cambridge jail, were evidently malingers.

The number of patients remaining in the hospital at the close of the official year is practically the same as it was at

the beginning, while our daily average, 871.4, has been slightly higher than last year.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 20.8; calculated upon the number of admissions, it was 24.78,—a material increase over that of last year.

The death rate was 11.5 calculated upon the average number of patients, and 7.4 calculated upon the total number under treatment.

In reviewing the work undertaken in the medical department, we find ourselves already confronted with an embarrassment of riches. Our cases are so numerous and the means at our disposal for their examination so relatively small that we have not always been able to work them up as thoroughly as is desirable or necessary, if our histories are to be of use for future study. Our young men have, I believe, shown all the industry and zeal that could reasonably be required in the work allotted to them; but, notwithstanding all this, we find many gaps in our cases which remain unfilled simply from a lack of time to make the examination necessary, or from a failure to make it at the moment when such an examination is alone worth making.

To study insanity successfully, it is not sufficient to study simply the condition of the brain and the nervous system; the whole realm of medical knowledge must be brought under contribution, and every organ of the body questioned. In general diseases it is often possible to infer from the symptoms present what special organ is at fault, and to limit an examination to that; but no such inference is allowable if one would come at the exact cause underlying the disease in a given case of insanity. To thoroughly examine an insane person requires, therefore, not only skill, but time; and the neglect to get a statement, either positive or negative, as to the condition of certain organs, may be fatal to the records of the case when the time comes for summing them up. We cannot believe, therefore, that our work has been laid out upon too broad a basis, nor can we bring ourselves to feel that the proper way out of this difficulty is to limit our investigations to a certain number or class of cases. It might be feasible perhaps to limit our admissions and thus relieve us somewhat. It would

be a great relief, certainly, if the transient cases could be eliminated, — the cases that have no settlement in Massachusetts, and as a consequence are removed by the State Board of Lunacy and Charity, and sent out of the State a few days or weeks after they are committed. There were 56 such cases this year. Few of them were in the hospital long enough to receive any benefit from treatment; and certainly, from a medical stand-point, the time spent in taking their histories and in working up their cases was simply thrown away. At the time of their admission we have no way of knowing which of our patients are likely to come under this head.

There are many problems in regard to insanity which can only be worked out by keeping in touch with a considerable number of cases through life, or for a long number of years, at least. It is our plan to do this, as far as possible; and we can, of course, best do it when the patients remain in the hospital for a reasonable length of time, and when they live in the neighborhood of the institution and can be followed to their homes after their discharge. From this point of view, it would undoubtedly be well if the commitments to this hospital could be limited to persons from Worcester and Middlesex counties.

It would also help matters somewhat, I have no doubt, and make it easier for all the hospitals, if a change were made in the method of disposing of the Boston commitments. Under the present arrangement these patients are sent to each hospital — with the exception of Northampton — alternately, for a month or more. No insane hospital can receive from three to five new cases each day for a month — the majority being excited cases — without getting swamped in their work. This at least is what happens when it comes our turn to receive the Suffolk County commitments. Instead of requiring the hospitals to receive these commitments, as is now done, it would be more satisfactory if they were sent to the various hospitals for a week, or at most two weeks, at a time. Perhaps the new Board of Insanity may assist us in this direction.

But, were everything done that has been indicated, or that could be done, I fear that we should still be unable to accomplish the work placed before us in as thorough a manner as it should be done, with our present help. Aside from our histories and the matters which pertain directly to the cases in

hand, we are accumulating a mass of material bearing upon the specialty, which would be of great value were it properly worked up. This material should be utilized as we go along. or much of its value is likely to be lost. While this does not belong strictly to the medical work of this institution, it is work which it is worth the while of the hospital to do and of the State to foster. It can be done nowhere so well as in a large hospital, for nowhere else is the material at hand. Here we have not only material in abundance, but - and I say it in no sense as a mere compliment to the director of our laboratory - talent and ability of the highest order, ready to devote itself thereto, were adequate means for doing so at hand. other and neighboring States they do not hesitate to encourage such work, and many of them appropriate for this purpose sums which are truly vast as compared with the modest outlay we anticipate. Such additional assistance as would be required to meet our wants could be obtained without difficulty. With our present arrangements, our junior assistants leave us at the time when they are beginning to be most useful to the institution. So far all of them have expressed a desire to remain here a second year. Their services could no doubt be secured at but slight advance in the way of salary; and, if one or more of them could be retained as second year junior assistants, it would be very desirable. The new Board of Insanity may think it within their province to advise us here also, and perhaps give us countenance and encouragement in extending our work in this direction.

The two infirmary wards, work upon which was begun last year, are now practically completed and will soon be ready for occupation. They have been substantially built, after plans which were described in detail in the report of 1896. In their construction they will compare favorably with the original buildings, and in this connection I feel it a duty and a pleasure to commend the contractors, Messrs. J. W. Bishop & Co., for the good quality of their work and the very satisfactory way in which they have carried out their contract. It is certainly to their credit and to that of their foreman that the buildings have been completed without accident of any kind, and without inconvenience to the inmates or disturbance of the ordinary routine of the hospital.

In compliance with the request of your Board, the Legislature of 1897 granted the hospital an appropriation of \$69,000: \$11,000 for a boiler house and three boilers, \$18,000 for a new kitchen and \$40,000 for an addition to the rear of the executive building, to better accommodate the employees and to furnish work rooms for patients. Ground was broken for the boiler house and kitchen in July, and the work has since been pushed as rapidly as possible. The boiler house is now completed, and five new boilers, each 72 inches in diameter and 19 feet 6 inches long, have been installed. The kitchen is also very nearly done.

At the time of making the plans and estimates for the boiler house it was thought that two of the old boilers could still be used. It was necessary, however, to take them out in order to make room for the boiler house, and in doing this it was found that they were much worn and that neither of them was in a condition to reset. The trustees decided, therefore, to supply their places with new ones. These additional boilers and the setting and piping of the entire bank have been provided for out of the funds of the institution. The contract for the boilers was awarded to Stewart & Sons of Worcester. The piping, setting, etc., has been done by our own employees, under the direction of our mason and engineer.

Notwithstanding the considerable expense involved, it was thought best to take advantage of the opportunity now afforded to remodel our steam plant, it never having been quite satisfactory from the first. The returns from many of the radiators, and especially from those in the basement and on the first floor, were too nearly on a level with the water line of the boilers. To obviate this, the new boilers were depressed twelve feet. This has necessitated extensive excavation, and the construction of a tunnel sixty feet long, to enable us to discharge the ashes from the boilers at grade; but it has at the same time given us a much-needed addition to our coal pocket, and a room over this which will be of use as a dynamo room whenever we are ready to put in an electric plant. An air-duct, 8 feet wide by 8 feet high, has been run from the executive building to the boiler house and connected with the ducts (of like dimensions) running to the male and female wards. The 12-inch steam mains have been taken out of the brick trenches in which they

were formerly run and placed in these ducts, where they can more easily be gotten at and protected and repaired; the steam and water connections for the new kitchen run through the same ducts.

When the subject of a kitchen was first considered, it was thought, for many reasons, desirable to place it on the upper story of the proposed addition to the executive building, and plans were so drawn; but it was found that this would be an expensive building, if constructed with due regard to safety from fire, and this plan was, therefore, given up and the present one substituted therefor. The kitchen as now located is entirely separate from the other buildings. It fills the space at the west of the laundry formerly used for a clothes yard, and is connected with the main building by a short corridor. It is one story high, covers a ground space of 104 by 103 feet, and is built of stone from the quarry upon the grounds, and in this respect conforms to the rest of the house. It comprises a kitchen proper, a scullery, a bakery (with the necessary closets and pantries for each), a bread room, a room for storing flour, a meat room, and three refrigerators with a combined storage capacity of two hundred tons of ice. As in the old kitchen, the floor is on a level throughout with the basement floor of the main building, making the distribution of food and supplies easy. The doors for the reception of supplies and for the removal of the garbage are located at the rear of the building and entirely out of sight from the wards. The change in this respect from the conditions about the old kitchen is very marked and satisfactory. From the rear of the women's wards the outlook is now upon the unbroken front of a building which not only hides its own débris but screens the unsightly coal sheds as well, and is not itself unpleasing architecturally.

As the extension of the executive building will occupy the site of the old kitchen, nothing can be done towards its erection until the new kitchen is finished and occupied. We shall then commence excavating for the foundations of this building. This work will be carried on through the winter, and will be done with the labor of patients, thus giving them employment and making a very material saving in the expense of construction.

Heretofore we have had no proper place in which to store

any considerable part of the great number of records and valuable papers which have been accumulating from the opening of the institution in 1834. The records of former patients (which have been preserved in an unbroken series), although not of much use as medical records, are exceedingly valuable in other directions, and, together with the records pertaining to the past business transactions of the institution, have to be consulted frequently. To provide a safe and convenient place for preserving these and the much more valuable histories of our patients as now taken, we have built a fire-proof vault, with two storage rooms, each 7 by 14 feet. It is entirely outside of the building, on the west side of the corridor connecting the wards and the chapel wing with the centre, and occupies the space heretofore devoted to a piazza. The entrance is from the centre building and is convenient to the general office. is built after the manner of a safety deposit vault, the exterior structure being of stone, to conform with the original building. The cost of the vault was \$4,226.

One of the most valuable and labor-saving improvements made during the year has been the introduction of a system of telephones, connecting the wards and all departments of the hospital with each other. The system was devised and put in by Messrs. Plummer, Ham & Richardson of this city. It is automatic in its action, the various connections being made by simply pushing in a button indicating the station wanted. All stations are not represented on each box, however, but only such as it is desirable to have directly connected, or such as a given station has occasion to use most often. To call stations not on one's list, a connection must be made through the central office. call bell in each ward and in various parts of the building, with a system of signals, makes it easy to call and communicate with any of the officers, wherever they may be. The system is sold outright. The sixty-one stations, with lead cables to the farm and out-buildings cost \$2,000.

Drs. E. D. Boynton and G. A. Tripp left the service of the hospital at the beginning of the official year, to enter general practice. Drs. R. Gurley and A. R. Defendorf were promoted from junior assistants to assistants, in their place.

Of the remaining junior assistants for 1896-97, Dr. Emma W. Mooers received an appointment as pathologist at North-

ampton, and Dr. Edwin Leonard, Jr., that of assistant at McLean Hospital.

The junior assistants for this year have been Drs. H. W. Miller, W. D. Berry, A. M. Barrett and A. E. Loveland.

At the close of his service as junior assistant Dr. Berry will remain here as assistant, in the place of Dr. Defendorf, who has received an appointment as pathologist at Middletown, Connecticut, and lecturer on insanity and nervous diseases at the Yale Medical School. Dr. Barrett, who came here on a year's leave of absence, returns to his old position at the Mt. Hope Hospital, Iowa. Drs. Miller and Loveland go to McLean.

The current expenses, less the amount received for articles sold, have been \$168,721.85; dividing this by 871.4, the daily average number of patients, gives \$188.06 as the annual cost of support, which is equivalent to a weekly cost of \$3.60.

H. M. QUINBY,

Superintendent.

WORCESTER LUNATIC HOSPITAL, Sept. 30, 1898.

SPECIAL REPORT OF THE MEDICAL DEPARTMENT.

While it seems exceedingly distasteful to fall into the habit of describing plans for the future, the execution of which is by no means always certain, it is hardly possible to give a correct statement of what has been done without outlining briefly the guiding principle. After all, this has been our working principle from the first, and, inasmuch as this holds, it may be stated without danger of provoking the above criticism.

The work in a hospital must centre in the duties to the patients; the efforts of the medical staff must tend towards increasing the efficiency of the duties towards the patients and their families. This, I think, is the conviction with all those seriously interested in hospitals for the insane.

The ways to achieve this are many. The most prominent and most successful one has no doubt been the effort towards increase of the personal care of patients, the nursing, which has been developed so efficiently in many of the American hos-It had its wholesome effect both on the patients and on the physicians, although the latter in many places have hardly developed beyond what might be called a medically In a few hospitals more purely medical trained head nurse. work was introduced, in the form of pathological anatomy and perhaps bacteriology; and the examination of urine and sputa and lately also of blood has been relegated into the hands of a "pathologist." While the immediate and perhaps even the remote results of this improvement probably remain behind the value of the improvement in the nursing, it has at least led many of us to further problems, and especially to the conviction that the nursing of the patient must be supplemented by careful clinical observation, and that true medical study must begin before the patient is dead. It is really a calamity

that the word pathology should more and more have singled out the study of and interest in a few technical methods largely relating to the microscopic examination of dead tissues and excreta and of the flora and fauna of human symbiosis, in the minds at least of a great part of the medical men, and that the larger principles of general pathology seem superfluous, just as if the current grasp of the "theory and practice of medicine" would embrace all that is fit to be known in one's daily work as a physician in hospital practice.

Psychiatry is undoubtedly the one branch of medicine for which pathology in the narrow sense of pathological anatomy and bacteriology has done very little and promises little. Here the pathology of the clinicians, the broad inquiry into disease processes, must come to its right first. The close relation of neurology and psychiatry has led many to believe that the only legitimate research work of the alienist was pathological anatomy of the nervous system; and, when we look through the bulk of valuable contributions from alienists, we see indeed that a Meynert, a Westphal, a Hitzig, even a Wernicke, have devoted a large share of their work to studies of the nervous system, which have nothing to do with psychiatry, not to speak of Flechsig, Siemerling, Moeli and others who are professors of mental diseases on ground of their neurological work only. Psychiatry proper has indeed moved either in symptomatological studies or in semi-philosophical considerations, and Kahlbaum's efforts to replace the metaphysical or roughly symptomatic systems by a sound clinical empiricism and general pathological thought came just in the days when the great discoveries in cerebral localization overshadowed everything else, and attracted the enthusiasm of most young investigators. Kraepelin was one of the first who had the courage to build a psychiatry on lines foreshadowed by Kahlbaum, and with principles derived from the pure clinical observation and a view of psychology of his own.

The work at our hospital was begun with a desire to do justice to the opportunities for an improvement of medical knowledge necessarily offered by the large amount of observations which could be collected. The experience in Kankakee had shown conclusively that pathology begun on the post-mortem table failed to make its point almost along the whole line.

Notwithstanding many difficulties, a plan for more clinical investigation of the cases was started there, in order to furnish the post-mortem anatomy a few data of live pathology at least. In the organization of the work in Worcester the greatest weight was laid on this point, and an equally great stress on the necessity of dropping the distinction between "interesting" and "uninteresting" cases. Ever since text-books of mental diseases were written, a few impressive types of patients had been described to the readers as instances of diseases, and for the majority of the patients we are forced to admit that we might class them in more than one of the standard groups, but in none quite justly. This should be enough evidence that this favoritism in clinical psychiatry has not brought us far. is, therefore, to observe all patients with the same accuracy and with all those questions in view which seem now to require an answer for the purpose of elimination of uncertainties in clinical systematization.

We stand now before questions such as our forefathers met in the "continued fevers." Internal medicine has learned to divide them into miliary tuberculosis, typhoid fever, protracted forms of pneumonia, malaria, "status gastricus febrilis," fever of anemia, of hysteria, — more or less distinct pathological and nosological entities; the "transition forms" are plainly shown to become rarer and prove to be at best mixed forms; i. e., patients with two disease processes, or insufficiently observed cases. We must make use of this experience in psychiatry; search for distinctive features of disease processes, and distrust any system which leaves out the majority of patients as now classified, or classifies only by main force.

Physicians trained in our bacteriological era are prone to think that most of the above divisions of "continued fever" are a product of the last decades, and that only the latest results of what I called above the study of the flora and fauna of man have settled these problems. They certainly have furnished the most decisive and obvious demonstrations; but to deny the older clinicians the ability of having clearly foreseen most of these divisions and of having been able to act accordingly, would be a grave injustice and ingratitude towards those who have ably prepared the ground for pathological research in the restricted sense of the word by putting forth clinical

problems as guides of research. This should be remembered before we deny psychiatry the right of a hopeful existence, although a pathological anatomy and bacteriology of the brain have furnished but few data, and physiological chemistry is too much in its infancy to give us the much-needed help in an accessible form.

All these points were carefully weighed when our work was organized, and our plan took the following form:—

To the greatest extent possible the work is to be limited to what is essential for the care of the patients, the training for greatest efficiency of the medical work and the promotion of promising and important general questions, such as the development of a real record of the experience of the hospital, which would form a natural array of facts, preferable to text-book traditions.

In analogy with the proverb, "Noblesse oblige," we may well say that opportunities create obligations. Hospitals offer opportunities which a private practice can never afford, and the public who support a hospital should be trained to demand a use of the opportunities, returns from the experience to the benefit of those physicians who cannot avail themselves directly of the advantages of hospital work. Such returns are being furnished from most general hospitals; the State hospitals for the insane have often enough been taken to task for not doing the same, and desperately unconvincing replies have frequently been the echo of such criticism. It is true that a few of the enumerated difficulties cannot be ignored, and corroborate the conviction that the work in State hospitals must gravitate to the best possible care of the patients, and that every other effort must bear as directly as possible on the efficiency of the medical work. The accumulation of scientific knowledge cannot be the uppermost aim, but it finds its place naturally enough in a careful arrangement of the work which must be done. Careful histories must be taken, accurate methods of examination of patients must be used, prognoses must be given the friends, and indications for treatment must be formulated. And, when autopsies are made, they must be fit to give an answer to the most important questions, - not merely to the point interesting a coroner, the "cause of death," but to ever so many essential problems of etiology and differential diagnoses of pathological anatomy. It is the fatal division of practical and theoretical, of routine and research work, which furnishes so many excuses to those who would like to separate reason and sense from the mere comfort of their daily duties.

Apart from the conviction that the odd and "uninteresting" cases were to be given due attention as well as the "pets" of literature and tradition, the necessity of considering the entire course of diseases and their influence on the later life of the patient has received much consideration. For this very essential, though much-neglected, part of psychiatry, a shifting population presents many difficulties. Many hospitals in which patients had been before have very generously given us abstract of records, and, with some help from the authorities who attend to the transportation of many of our patients into the hands of foreign authorities, it would become possible to supplement our forecast by statements of the actual fate of those made the object of our study and treatment. Without such an effort we would always grope in the uncertain light of our more or less optimistic imagination, and never be able to say what the hospital really achieves and what would be the most advisable steps in the great social problem.

The enormous number of "interesting data" one meets in observation of about five hundred admissions a year makes a great restriction in the work necessary. Instead of striving for endless biographies of patients, we must learn to give concise statements with answers to all the important questions on which we are really working, and without waste in useless directions, or on topics for which we have not a strong enough working force in our present staff. For this reason we did not take part in that wave which passes over the country in the form of routine examination of the blood, but restricted it to special indications; nor have we entered on complicated psychological experiments. A great deal of the work of the past two years has indeed been devoted to the decision of what could be done most profitably and what should be the indications for our efforts in every special direction. A certain amount of blind, purposeless work is unavoidable; but the main lines must be chosen judiciously on ground of sound working hypotheses. They must answer distinctly felt needs.

From this point of view disease concepts become more than

mere names. It is quite a different question whether a person will suffer from periodic attacks of mental diseases with perfectly clear intervals of usefulness or from a steady and lasting deterioration. This can be seen by a glance at the table of statistics, which contains, as it were, a curve of recoverability in the following groups: the periodic psychosis with no, or but little, deterioration after an attack, the catatonia with occasional recoveries, dementia præcox with lasting defect, and paranoic conditions and paranoia practically never curable. It goes without saying that the last word is not spoken concerning a truly medical classification of mental diseases; but in a measure, as we learn to make distinctions of practical and essential value, we shall gladly relegate the meaningless terms, mania, melancholia, etc., of our former statistics to the vocabulary of mere symptomatology.

A strong stimulus for accuracy is received by the careful autopsies which are made whenever permission is obtained. With about an equal number of deaths, 68 autopsies were permitted, against 36 last year. This is due to the greater interest taken by the physicians in the opportunity of controlling and enlarging their observations, and perhaps to the greater confidence of the friends of patients in purposes of such examinations.

The result of this work is manifold. It affords training in accurate thought and methods which the medical college can rarely give in an equally forcible manner to the student who is overburdened with cramming; and invaluable material and experience are accumulated for the time when a monographic treatment of the disease forms observed in our hospital can be thought of. It has also yielded a number of findings which can be added as valuable material to the slowly growing knowledge of the architecture of the brain. Further, it begins to constitute a collection of great value to those who wish to study the nervous system and not merely the books on the same.

On the whole, though, we had to lay on our work many restrictions which are a cause of frequent disappointment. Considering the amount of work which must be done conscientiously and without the inaccuracy of haste, many very essential points could not be settled in certain cases because the working force was taxed to the utmost. Part of this may be better in the course of time through the development of time-saving methods,

but not all. This question deserves serious consideration. There is nothing more demoralizing than the feeling that, even with the strongest effort, that which seems a reasonable scope of the task is beyond one's working capacity. I lay to this fact the discouragement and lack of medical interest of the physicians in most hospitals for the insane; they stand before an unmanageable task, and no effort is made to limit it to welldefined problems and to furnish an estimate of what working force is really needed for a true minimum efficiency of medical work proper. Under those conditions the authorities cannot be blamed for not providing more help, because they see no end of possible needs. It is therefore one of the tasks in the management of an attempt conscientiously to do justice to the medical duties in such a large hospital, to be fully aware of the minimum scope of a profitable working plan and of the proportion between the working force needed and the working power available, so that the demoralizing feeling of impossibilities does not get the upper hand, both on the side of the medical staff and on the side of the authorities who are responsible for the hospital.

I cannot leave this remark without expressing my recognition of, and gratitude for, the untiring efforts of my colleagues, who never shirked any pains, even to the extent of overtaxing their working power, in the common effort to do justice to the task before us.

The general arrangement of the work, as outlined by Dr. Quinby in the report of 1897, is still maintained. Apart from the daily report of cases and discussions on the topics brought out by them, a number of conferences were devoted to a consideration of literature on various clinical topics, and a complete course on the anatomy of the nervous system on ground of demonstrations and practical exercises was carried out. The study of serial sections in a number of interesting brain lesions was carried further, and is maturing for publication. Clinical questions, too, are being submitted to more careful studies; but it lies in the nature of the subject — the necessity of watching the outcome for a number of years at least after a "cure" — that it would be injudicious to rush to print with what has been done.

Since Oct. 1, 1897, the following publications have come forth from our hospital:—

"Various Types of Changes in the Giant Cells of the Paracentral Lobule," "American Journal of Insanity," October, 1897; "Anatomical Findings in a Case of Facial Paralysis of Ten Days' Duration," "Journal of Experimental Medicine," Vol. II., No. 6, 1897; "The Morbid Anatomy of a Case of Hereditary Ataxia," "Brain," Vol. XX, p. 276.

The following articles are in press: "Critical Digest of the Present Concepts of the Nervous System;" "Critical Review of Modern Presentations of Neurology."

Respectfully,

ADOLF MEYER.

LIBRARY REPORT.

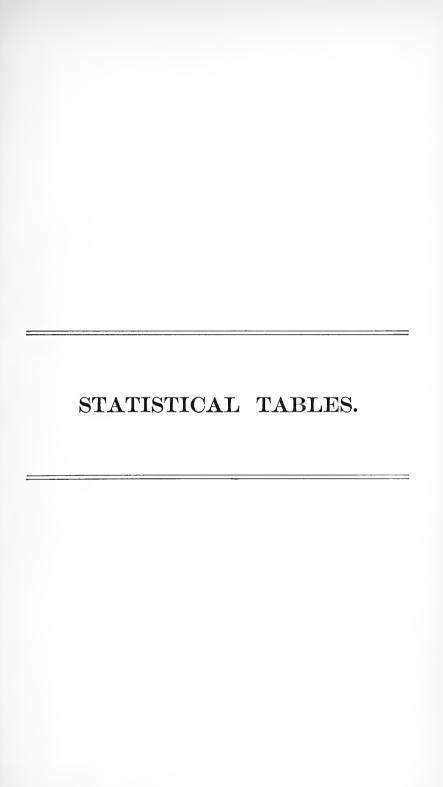
The library contains 3,254 volumes. One hundred and twenty-seven volumes have been added during the past year, 5 volumes have been destroyed, while 6 volumes have been found, during renovation of shelves, to be useless, making a total of 11 volumes. One hundred and twenty-four volumes have been sent to the bindery to be repaired.

The average number of books issued weekly from the main library has been 66. During the year six ward libraries have been established, containing 942 volumes. The weekly reports of books issued to patients from these libraries give an average of 42. Of these, the Appleton 1 library has the poorest record, $5\frac{1}{8}$; while Howe 3 has the best, $8\frac{6}{7}$.

Six books have been sent to nine different halls each week, to lie on the centre table, where all patients could have free access to them.

Total average number of books issued weekly to patients has been 162 (less than 80 last year).

The card catalogue of the library has been improved by adding, to the already existing title catalogue, an author's catalogue. This work is not yet completed.





1. - General Statistics of the Year.

		INSANE.		Нави	Habitual Drunkards.	CARDS.		AGGREGATE.	
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals
						-			
Patients in the house Oct. 1, 1897.	. 38		998	1	_	1	385	485	867
Admitted within the year	. 25	7 228	485	i	တ	က	257	231	488
Whole number of cases within the year,	. 639		1,351	ı	₩	4	639	716	1,355
Discharged within the year: —	_	•	,		ć	(1	ì	101
Viz.: as recovered at time of leaving the hospital, .			119	ı	21	27	9	45	121
as much immroved	. 37		55	1	1	-	37	19	56
as improved	4		20	1	1	1	42	58	20
as not immoved	45	08	125	1	1	1	45	8	125
as not income			00	1	ı	ı	4	4	œ
Tooths		7 44	101	1	1	1	57	44	101
Potients remaining Sent. 30, 1898.	378	3 495	873	1	_	-	378	496	874
Viz commorted as State nationts	12		242	ı	1	ı	129	113	242
Alz. Supported as fown nationts	19	2 279	471	1	-	-1	192	580	472
as private natients.			160	ı	1	ı	22	103	160
Number of different persons within the year.	. 63	_	1,338	1	#	4	634	208	1,342
Number of different persons admitted within the year.	. 25	3 227	480	1	ಣ	က	253	230	483
Number of different persons recovered within the year,			117	1	67	67	74	45	119
Daily average number of patients:—		1					0 1 4 4	101	010
Viz.: State patients.	-	1	ı	1	ı	i	61.61	104.72	219.90
	_	 	1	1	ı	1	210.44	295.39	503.83
private nationts		1	•	1	1	1	55.80	91.86	147.67
britain browning a second and the									

2. — Monthly Admissions, Discharges and Averages.

				ADMISSIONS.		I	DISCHARGES.			DEATHS.		DAILY AVE	DAILY AVERAGE OF PATIENTS IN THE HOUSE.	NTS IN THE
MONTHS.			Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Pemales.	Totals.	Males.	Females.	Totals.
1897.														
October,			15	18	33	16	9	22	4	5	6	369.32	481.32	850.64
November,		٠	54	10	34	14	4	18	တ	67	20	371.93	481.43	853.36
December,			22	23	20	11	14	25	1	∞	15	381.13	484.09	865.22
1898.														
January,			17	18	35	11	භ	14	ŭ	2	10	391.48	488.77	880.25
February,		٠	11	13	24	10	11	21	2	တ	00	390.07	495.21	885.28
March,			18	16	34	11	10	21	က	4	2	390.86	502.16	893.03
April,		•	31	56	29	23	6	32	5	4	6	388.70	507.56	896.26
May,		٠	53	19	48	36	53	65	10	က	13	393.58	514.80	908.38
June,		•	32	23	55	16	54	20	4	4	00	379.83	501.60	881.43
July,		•	16	22	38	22	12	34	G	_	9	382.06	468.51	850.58
August,			12	12	24	00	6	17	20	က	∞	367.38	470.90	838.28
September, .			25	31	56	56	15	41	-	5	က	370.73	483.47	854.20
Total of cases,		•	257	231	488	204	176	380	29	44	101	1	1	1
Total of persons	ıs,	•	253	230	483	200	175	375	1	1	1	ı	ı	1
Daily average,		•	1	ı	1	1	1	ı	1	1	1	381.42	489.98	871.40

3. — Received or	n First and	Subsequent	Admissions.
------------------	-------------	------------	-------------

MUSCOED) To		1.03	rraara	37	CA	SES ADMITT	ED.		ES PREVIOU	
NUMBER ()F T	нЕ	ADM	118810	N.	Males.	Females.	Totals.	Males.	Females.	Totals.
First, .						219	198	417	_	_	_
Second, .						28	25	53	8	3	11
Third, .						6	4	10	_	2	2
Fourth, .						-	2	2	_	-	-
Fifth, .						3	-	3	2	_	2
Sixth, .						-	1	1	_	1	1
Seventh,.						_	1	1	-	1	1
Eighth, .	٠			٠		1	_	1	1	-	1
Total o	f ca	ses	3,			257	231	488	11	7	18
Total o	f pe	rse	ons,		•	253	230	483	9	7	16

4. — Relation to Hospital of Persons admitted.

,	Males.	Females.	Totals.
Never before in any hospital for insane,	196	165	361
Former inmates of this hospital only,	34	30	64
Former inmates of other hospitals only,	20	29	49
Former inmates of this and other hospitals: —			
Butler,	_	1	1
Danvers,	1	_	1
McLean,	1	1	2
Northampton,	_	2	2
Pierce Farm,	1	_	1
Danvers, Taunton, South Boston and			
Westborough,	-	1	1
Stockton, Cal.,	-	1	1
Total of persons,	253	230	483

5. — Parentage of Persons admitted.

J. — 1 Wenter	9	0 0) 1	C/30/13				
		Ma	LES.	FEM.	ALES.	Тот	ALS.
PLACES OF NATIVITY.		Father.	Mother.	Father.	Mother.	Father.	Mother.
Massachusetts,		43	42	31	29	74	71
New Hampshire, Vermont, Rhode Island, Connecticut, New York, New Jersey, Maryland, Virginia, North Carolina, South Carolina, Georgia, Louisiana,		11 7 3 - 1 2 2 1 - 1 - 1 - 1	7 9 3 2 1 1 1 1 1	10 3 5 1 1 2 - 3 - -	12 5 2 3 1 3 - 3 - 1	21 10 8 1 2 4 2 1 3 - 1	19 14 5 3 4 5 1 1 3 1 2 1 -
Other countries: — Canada, Nova Scotia, Prince Edward Island, New Brunswick, Newfoundland, Scotland, England, Ireland, Wales, Norway, Sweden, Finland, Holland, France, Germany, Poland, Russia, Spain, Italy, West Indies, China,		13 6 1 4 4 10 97 1 1 3 6 2 1 1 2 2 1 1	14 51 4 11 99 91 11 55 11 22 12 12	9 7 2 2 6 6 7 7 3 1 10	8 9 - 4 1 1 6 6 6 73 1 1 10 - 1 3 - 1 - 1 - 1 1 - 1	22 13 1 6 2 7 17 170 1 1 15 1 1 1 4 10 2 2 2 1 1 1	22 14 1 8 2 7 15 172 2 2 15 1 1 3 8 1 1 3 1 1 2
Unknown,		25	24	50	46	75	70
Total of persons, .		253	253	230	230	483	483

6. — Birthplace of Persons admitted.

	PLAC	EES	OF BI	RTH.				Males.	Females.	Totals.
Massachusetts,								95	79	174
Other States:-	_									
Maine,.								8	10	18
New Hamp	oshir	е,						12	6	18
Vermont,								3	3	6
Rhode Isla	nd,						.	2	3	5
Connecticu							.	2	1	3
New York.							. !	2	6	8
New Jerse	v.							_	1	1
Pennsylvai								_	1	1
Virginia,	. ′						.	1	2	3
North Care	olina.			·				1	_	1
Florida,				·				_	1	ī
Louisiana,	Ċ				·			1		ı î
Illinois,	-		•					1	2	3
111111010,	•	•	•		•	•	•	_	_	
Other countries	š:									
Canada,								13	10	23
Nova Scoti		•	•		•	•		8	10	18
Prince Edy		Tela	mď	•	•	•		2	3	5
New Brun			ma,	•		•		9	7	16
Newfound			:	•		•	•	_	2	10
Scotland,	iana,	•	:	•	•	•	•	1	2	3
England,	•	•	•	•	•	•	•	11	10	21
Ireland,	•	•	•	•	•	•	•	51	45	96
Norway,	•	•	•	٠	•	•	•	- 01	1	1
Sweden,	•	٠	•	•	•	•		6	10	16
Finland,	•	•	•	•	•	•	•	1	10	
	•	•	•	•	•		•	1	_	1
Holland,	•	٠	•		•	•	•	1	_	
France,	•	•	•		•		•	6	1	$\frac{2}{7}$
Germany,	•	•	•	•	•				1	7
Poland,	•	•	•	•			•	1	1	2 5
Russia,	•	•	•	•		•		3	2	5
Austria,	•	•	•		•	•		_	1	1
Italy,	•	•	•	•			•	2	2	4
Arabia,	•	•		•	•			_	1	1
China, .	•	•	•	•				1	-	1
West Indie	es,	•	•	•		•		-	1	1
Unknown, .								8	5	13
Totals,								253	230	483

7. — Residence of Persons admitted.

		PLA	CES.				Males.	Females.	Totals
Massachusetts (by	count	ies) :	-					
Berkshire,			•				1	_	1
Essex, .			٠		۰	ď		1	1
Middlesex,			ø				88	87	175
Norfolk,							3	4	7
Suffolk,				٠	,		57	43	100
Worcester,		•	٠	٠	*		104	95	199
Totals,					e	•	253	230	483
Cities or towns,							2 53	230	483
Country district	s,						-	_	_

8.—Civil Condition of Persons admitted.

	Totals.	417	48	10	C3	က	1	-	1	483
TOTAL.	Females.	198	24	4	61	ı		П	1	230
Т	Alales.	219	77	9	1	ಣ	1	1	-	253
	.slatoT	2	ı	1	ı	ı	1	ı	1	5
Unknown,	Females.	7	ı	ı	ı	í	1	ı	ı	63
D	Males.	ಣ	ŧ	1	ı	1	1	1	1	3
	Totals.	67	©1	-	1	1	1	1	ı	5
DIVORCED.	Females.	H		П	1	1	ı	1	ı	က
А	Males.	-	1	ı	1	1	1	1	1	62
	.elatoT	45	က	63	1	1	ı	ı	ı	50
WIDOWED.	Females.	25	2	-	1	1	1	ı	ı	28
11	blales.	20	1	-	1	ı	ı	ł	ı	22
	Totals.	180	20	H	H	-	Н	1	1	214
Married.	Females.	94	11	-	-	1	1	1	1	108
R	Males.	98	6	1	j	-	1	ı	1	96
ď	.slatoT	185	23	9	_	67	1	_	-	219
Unmarried.	Females.	92	10	1	-	1	t		ŀ	89
Ş	Males.	109	13	ಣ	ı	67	i	1	-	130
		•	•		•	•	•	•	•	
	THE N.	•	•	•	•	•			•	•
	ADMISSION.	•	•	•	•	٠			•	
	NUMBER OF THE ADMISSION.	First, .	Second, .	Third, .	Fourth, .	Fifth, .	Sixth, .	Seventh,.	Eighth, .	Totals,

9. — Occupation of Persons admitted.

			FEMA	ALES.				
Book-keepers, .			2	Shoe-shop employ	ee,			-
Cooks,			2	Student,				:
Dressmakers, .			4	Teachers,				;
Domesties, .			2 2	Tailoress,				
Housewives, .			71	Typesetter, .				
Housekeepers, .			37	Waitress,				
Laundresses, .			2	Weavers,			. •	
Librarian, .			1	Unknown, .				1
Mill operatives,			15	No occupation,				5
Nurse,			1					_
Night walker, .			1	Total, .				23
Seamstress, .			1					
				<u> </u>		-		
			MAI	LES.				
Barbers,			3	Dyer and color mi	ixer,			
Blacksmiths, .			4	Engineer,				
Brakemen, .			2	Farmers,				
Brick masons, .			2	Freight handler,				
Book-keeper, .			1	Fireman,				
Book folder, .			1	Foremen,				
Bobbin maker,.			1	Grocer,				
Carpenters, .			6	Hostler,				
Canvassers, .			2	Iron founder, .				
Carriage trimme	r, .		1	Ice dealer, .				
Clerks,			7	Laborers,				5
Cook,			1	Laundry man, .				
Coopers,	•		3	Letter carrier, .				
Comb maker, .			1	Lumber dealer,				
Coachman, .			1	Machinists, .				1
Druggists, .			2	Merchants, .				

9. — Occupation of Persons admitted — Concluded.

			MA	LES-C	Concluded.				
Mill superintende	ent,			1	Ship calker, .	•			1
Motorman, .				1	Shirt cutter, .				1
Moulders,				4	Stone masons, .		• •		2
Musician,				1	Stone cutters, .				2
Operatives, .				15	Students,				3
Printers,				2	Tailors,				5
Painters,				5	Teamsters, .				5
Paper hanger, .			•	1	Tinsmith,				1
Piano finisher, .				1	Undertaker, .				1
Photographer, .				1	Waiter,				1
Physicians, .				2	Watchman, .				1
Plumbers, .	•		•	2	Weaver,				1
Reporter,				1	Window cleaner,				1
Rubber factory e	mploy	ee,		1	Wire workers, .				2
Shoemakers, .				7	Wood carver, .		•		1
Salesmen, .				4	Unknown, .				6
Seamen,			٠	3	No occupation,	٠	•		31
Steam fitter, .				1					
Ship carpenters,		ь	•	2	Total, .	•	•	•	253

10. — Probable Causes of Disease in Persons admitted.

INSANE. HABITUAL DRUNKARDS.	PREVIOUS HEREDITARY ATTACKS. PREDISPOSITION. ATTACKS. PREDISPOSITION.	Ma. Fe. Tot. Ma. Fe. Tot. Ma. Fe. Tot. Ma. Fe. Tot.	0:1:0:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1:1
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e e	HABITUAL DRUNKARDS.	Fe.	o⊷(
PERSONS ADMITTED.	TAI	Ma.	
N8 AI		Tot.	\$ 1005-101-4 05-0000000-4-11-0001-11-11-11-00
Perse	INSANE.	Fe. T	© H00℃H 4 10 10 HHHH 1 HHHH HHHH 1
	INS	Ma. F	\$
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	CAUSES.		1. Physical:— Alcohol, Alcohol and morphine, Alcohol and accanic, Alcohol and accanic, Alcohol and alcation, Alcohol and alcation, Alcohol and menoparse, Alcohol and menoparse, Alcohol and menoparse, Alcohol and menoparse, Alcohol and traning, Alcohol and business troubles, Alcohol and masturbation, Alcohol and abortion, Alcohol and abortion, Alcohol and abortion, Alcohol and abortion, Alcohol and soxial in beath, Alcohol and soxial in beath, Alcohol and soxial, Alcohol and soxial, Alcohol and sexual excesses, Alcohol and insolation, Alcohol and sexual excesses, Alcohol and insolation, Alcohol and insolation, Alcohol and malvertien and tea, Autopine, Autopi

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Masturbation	Menopause, Menopause, Menopause, occ Menopause and Pregnancy, Preparium, Preparium, Menstrual disor Gret, Gret, Biblishall disor Biblishall disor Gret, Byphilis and dra Syphilis and dra Syphilis and dra Syphilis and ove Siphilis and ove Siphilis and ove Senilty and con Senilty and con Senilty and con Senilty and con Senilty and don Senilty and don Constitutional d Constitutiona	Trauma,

10. - Probable Causes of Disease in Persons admitted - Concluded.

The physical concentration of the properties The physical concentration of the physical conc			PEI	SNOS	PERSONS ADMITTED.	gp.				INSANE	NE.				HABL	TUAL]	HABITUAL DRUNKARDS.	ARDS.	
Physical = Concluded. Na. Fo. Tot. Ma. Fo. Tot.			NSANE		HA	BITUAL		P. A.1	EVIOU	w :	PRED	EDITA	RY FION.	P.	TACK	s.	PRED	HEREDITARY REDISPOSITIO	ARY TION.
Physical - Concluded:		Ma.	Fe.	Tot.	Ma.		Fot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma	Fe.	Tot.
Meligion overstrain,	Physical — Conclude Injury and grippe Injury and domes Injury and domes Trauma and worr Overwork	HII0041004411111111111111111111111111111			111111111111111111111111111111111111111	1111111111111111111	117171111111111111111	E11E1E111111111111	111111111111111111111111111111111111111		H.	1160161811116161161 20616461	L L 0 4 0 1 1 L 1 1 1 1 1 1 1	17(1)1)11111111111111111111111111111111		111111111111111111111111111111111111111	111111111111111111111111111111111111111		111111111111111111111111111111111111111
Doutstill trouble, 1	Mental overstrain, Religious excitement,	1	7 1 5	7 - 2	1 1 1	1 1 1	1 1 1	1 1 1	1 1 00	1 1 00	1 1 -	7 1 6	٦ ۱ <u>د</u>		1 3 1	1 1 1	1))		1 1 1
Unknown,	Insomnia,		- '				1	1) I	0 1		1	3	1	1	,	1	•	1
Not insane,	Unknown,	-1	14	21	,	,	1	П	¢1	က	1	ı	1	1	,	ı	1	ı	ı
	3. Not insane,	က	4		ı	ı	1	1	1	•	1	ı	t	1	1	1	,	•	1
	Totals,	253	227	480	1	ော	က	25	29	54	136	127	263	,	61	61	1	=	=

11. - Record of Cases admitted within the Year.

					INSANE.		HABI	HABITUAL DRUNKARDS.	ARDS.		AGGREGATE.	
	PATIENTS.			Males.	Females.	.zfsioT	Males.	Females.	.afatoT	Males.	Females.	Totals.
Admitted,	•			257	228	485	1	တ	က	257	231	488
Discharged, recovered,	recovered,			51	23	74	1	63	67	51	25	92
	much improved,			15	8	23	1		П	15	6	24
	improved,			54	16	40	1	1	ı	24	16	40
	not improved, .			55	30	52	1	1	1	22	30	52
	not insane,			<u></u>	ಣ	9	1	ı	l	က	3	9
Died, .				22	15	37	1	1	ı	23	15	37
Remaining S	Remaining Sept. 30, 1898,			120	133	253	ı	1	1	120	133	253
Number like	Number likely to recover or improve,	prove,		46	37	83	1	1	1	46	37	83

12. - Ages of Insane at First Attack, Admission and Death.

	Pı			ST AD Hospi		ED		P	ERSO	s DIE	D.	
AGES.	FIRS	AT T ATI	ACK.		WHEN MITTI		FIRS	AT T ATT	ACK.	TIME	AT OF DI	EATH.
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.
Congenital,	2	2	4	-	-	-	-	-	-	-	-	-
15 years and less, .	4	5	9	3	1	4	2	-	2	-	-	-
From 15 to 20 years,.	11	9	20	14	8	22	2	-	2	1	-	1
20 to 25 years, .	13	23	36	19	24	43	-	4	4	3	3	6
25 to 30 years, .	19	19	38	28	21	49	5	-	5	3	1	4
30 to 35 years, .	23	22	45	23	26	49	3	1	4	5	1	6
35 to 40 years, .	22	16	38	26	16	42	10	4	14	4	1	5
40 to 50 years, .	. 27	20	47	34	28	62	10	7	17	12	8	20
50 to 60 years, .	. 16	17	33	19	25	44	9	7	16	10	5	15
60 to 70 years, .	16	6	22	21	9	30	8	5	13	11	6	17
70 to 80 years, .	. 4	3	7	8	6	14	5	7	12	5	10	15
Over 80 years,	. -	1	1	-	1	1	-	4	4	-	8	8
Unknown,	. 39	22	61	1	-	1	3	5	8	3	1	4
Total of persons,	196	165	361	196	165	361	57	44	101	57	44	101
Mean ages in years,	39.86	37.29	38.58	40.59	39.04	39.81	45.13	49.07	47.1	48.54	58.77	53,65

13. — Reported Duration of Disease before Last Admission.

PREVIOUS DUR	ATI	on.			SSION PITAL.		L OTH MISSIC		7	COTALS	8.
			Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot
Congenital,			2	2	4	-	1	1	2	3	5
Under 1 month, .			47	40	87	6	10	16	53	50	103
From 1 to 3 months,			22	21	43	4	9	13	26	30	56
3 to 6 months,			12	15	27	2	3	5	14	18	32
6 to 12 months,			25	16	41	6	4	10	31	20	51
1 to 2 years, .			11	10	21	6	2	8	17	12	29
2 to 5 years, .			28	23	51	10	5	15	38	28	66
5 to 10 years, .			12	12	24	5	9	14	17	21	38
10 to 20 years, .			3	7	10	11	11	22	14	18	32
Over 20 years,			2	2	4	2	2	4	4	4	8
Unknown,			32	17	49	9	10	19	41	27	68
Total of cases, .			196	165	361	61	66	127	257	231	488
Total of persons,			196	165	361	57	65	122	253	230	483
Average in years,			1.54	2.15	1.84	6.11	4.79	5.45	3.83	3.47	3.65

14. - Form of Mental Disease in Cases admitted or discharged, with Condition on Discharge.

	ATE.	Totala.	4881466	22	9	23	က	က	ı	H40H H0440
	AGGREGATE.	Females.	2120L411	15	ıcı	က	61	C1	ı	HWHH HM 4 WM
	AGG	Males.	ପଞ୍ଜ । । ପଦା	-	-	61	1	1	1	19511416911
		Totala.	וווווו	_	ı	1	1	ı	ı	
	DEATHS.	Females.	111111 m	_	t	1	1	1	ı	111111111111
	DE	Males.	111111	ı	1	1	ı	1	ı	111111-1111
	NE.	Totals.	111111	1	1	1	1	1	ı	
	INSA	Females.	111111	ł	1	1	1	1	ı	1111111111
	NOT INSANE.	Males.	1111111	ı	ı	1	1	1	1	1111111111
ED.		Totale.	30 10 11 11 11 11 11 11 11 11 11 11 11 11	_	1	61	F	1	ı	1111111111111111
HARO	MPRO	Females.	141	_	1	7	1	1	1	11111111111
CASES DISCHARGED	IMPROVED. NOT IMPROVED	Males.	11001111	1	ı	П	ı	1	1	1111111111
ABES	ED.	Totala.	∞∞ 1 1 -1	_	1	-	ı	1	1	1-11112-111
0	ROVE	Females.	H 1 1 1 1 1 1	-	1	-	1	1	ı	1-11110-111
	IMP	Malea.	100101111	ı	ı	ı	ı	1	1	1111111111
	FED.	Totale.	040HIII	63	က	ı	г	1	1	leetteteett
	MPRO	Females.	-144111		C1	'	ı	1	1	letiteleelli
	MUCH IMPROVED.	Males.	लक्लामा	_	1	ı	Н	1	ı	Hellinen
	_	Totale.	1=01000	17	ಣ	C1	61	က	ı	-0114111
	VERE	Females		=	60		¢1	61	1	1
	RECOVERED.	Males.	1101110101	9	1		1		ı	141111014111
-	-	Totals.	∞ £ £ 1 4 €1 €2	6	1-	20	2	П	_	L40101010401
CASES	ADMITTED	Females.		6	4	က	61	1 .		1041111700011
0	ADM	Males.	(a 1 10 m	ı	က	C1	63	П	ı	100101001000
-		1	ts	• 7	J . 6	3 . 4	ā . ē	. a	٠.	
			ne:— becility, ileptic insanity, setero epilepsy, sterofal insanity, sterofal insanity, xual neurasthenia, ridolic insanity, ridolic insanity, sterofal insanity, ste	attack),	attack), delitions and mixed forms (2d attack), and mixed forms (2d		Manic, delirious and mixed forms (4th attack),	attack),	attack),	
			form	. 4	for for		for for	for	orm.	
		Ħ	xed		you y	7	red .	xed	pd	attack), Shoular forms (sta attack), Shroular forms (sta attack), Shroular forms (th attack), Shroular forms (th attack), Depressed forms (12th attack), Depressed forms (3t attack), Depressed forms (3d attack), Depressed forms (3d attack), Depressed forms (4th attack), Depressed forms (4th attack), Depressed forms (5th attack), Depressed forms (5th attack),
		EAS	ni tty,	- 1		1				uttac titac attac atta atta atta atta att
)IS]	rior		and a		and	and	pue	118 2 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		FORM OF DISEASE.	sane:— [mbccility,		ous.		eno	eno	. 800	attack), Crime (1st attack), Carboniar Crime (2st attack), Gircular forms (2st attack), Gircular forms (4st attack), Gircular forms (1st attack), Carboniar forms (1st attack), Depressed forms (1st attack), Depressed forms (3st attack), Depressed forms (3st attack), Depressed forms (4st attack), Depressed
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		FC	funbecility, Epileptic insanity, Constitutional infer- Hystero epilepsy, Hysterical Insanity Insterical insanity Sexual neurastheni Periodic insanity Periodic insanity Periodic insanity	attack),	attack), .	attack)	unie uttad	attack), .	attack)	attack), Sircular fort Sircular fort Sircular fort Sircular fort Sircular fort Depressed for Depressed for Depressed for Depressed for Depressed for Depressed for
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			A.—Insane:— Imbecili Epilepti Constitut Hysteric Impulsi Sexual periodic Manic							
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14.—Form of Mental Disease in Cases admitted or discharged, with Condition on Discharge—Concluded.

ı	ľĒ.	Totals.	41 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	181	478
	EGA	Females.	001140540011101111111111102	220	550
	AGGREGATE	Males.	401 122 2 2 2 2 3 3 3 2 1 1 1 1 1 1 1 1 1	261	258 2
		Totals.	201102112771111111111111111111111111111	101	101
	DEATHS	Females.	401110110111111111111111111111111111111	17	44
	DE	Males.	4110411641114141111446011	57	57
	NE.	Totala.	111111111111111111111	00	00
	INSANE	Females.	1111111111111111111111111	4	-31
	NOT	Males.	11111111111111111111114	4	7
ED.	VED.	Totala.	81.00 1	125	124
HARG	TPRO.	Females.	H4110H240P11111111111101011	8	80
CASES DISCHARGED	NOT IMPROVED.	Males.	H011010H0F,111111111111111	45	44
ABE	D.	Totala.	8811446648111111111111111111	5	22
_	IMPROVED.	Females.	801181811411111111111111111111	28	28
	IMF	Males.		57	42
	VED.	Totals.	821101448891111111111111111111	99	99
	IMPRO	Females.	431141811111111111111111	19	19
	MUCH IMPROVED	Males.	800110114009111111114111111	37	37
		Totals.	HO	121	119
	RECOVERED.	Females.	111111111111111111111111111111111111111	45	45
	REC	Males.	18 (19) [2] 199 1 19 1 1 1 1 1	16	74
	Đ.	Totala.	9 E L L 75 - 1 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	488	483
CASES	ADMITTED.	Females.	- 1 1 0 1 1 1 1 2 2 3 1 H 1 H H 1 1 H 1 H 2 H 4 3 3 3	231	230
0	ADM	Males.	21222221112111121222	257	253
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		DISEASE	ceholia, ceks, ceks), c	•	٠
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		FORM OF	A.—Insane—Concluded. Climaceric metancholi Katatonia (4th attack), Katatonia (4th attack), Katatonia (4th attack) Benentia precoxi, Farmole condition, Parmole condition, Parmole Condition, Parmole Condition, Cocanitism, Co		· 6
		RM	sane — Conclud Climacteric mel Katatonia (1st i Katatonia (1st i Katatonia (1st i Dementia prece Secondary dem Peranolo; condit Paranolo; condit Paranolo; condit Paranolo; condit Paranolo; condit Paranolo; condit Rebelle delimism, and Morphinism, and Mor	зев,	Total of persons,
		FO	acte acte toni toni toni toni toni toni toni toni	f cas	f pe
			sane — Conc Climacterio (Katatonia (Katatonia (Katatonia (Katatonia (Farmolo en Paramolo en Paramolo en Cocaninam, Cocaninam Toxic insan Toxic ins	Total of cases,	al o
			H. H	Tot	Tot

15. — Discharges, classified by Admission and Result.

	Totale.	408	53	13	C1	က	1	-	481	477
TOTALS.	Females,	- 261	17	2	1		-		220	219
T	Males.	216	36	9	-	61	1	ı	261 2	258 2
<u>.</u>	Totals.	70	ಣ	1	1	ı	1	1	_∞	00
NOT INSANE.	Females.	ಣ	-	ı	1	1	ı	1	4	4
Nor	Males,	C 3	Ç1	ı	ı	ı	1	j	4	4
	Totals.	95	5	_	ı	ı	ı	ı	101	101
DIED.	Females.	43	ı	Н	ı	ı	1	1	44	44
	Males.	52	2	ı	1	ı	ı	ı	57	57
VED.	Totals.	901	15	4	ı	j	1	ŀ	125	124
NOT IMPROVED	Females.	89	10	67	j	ı	1	ı	80	62
Nor	Males.	န္တ	5	63	1	ı	1	1	45	45
.D.	Totals.	22	10	67	ı	-	1	ı	20	02
IMPROVED.	Females.	27	-	ı	1	1	1	ı	28	28
In	.səla 16	30	6	63	1	-	ı	1	42	42
OVED.	Totals.	43	7	4	1	i	ı	1	56	55
MUCH IMPROVED.	Females.	14	7	ಣ	1	ı	ı	Н	19	19
MUCE	Males.	29	9	-	-	1	1	1	37	36
ED.	Totals.	102	13	2	-	23	1	1	121	119
Кесочекер.	Females.	37	4			-	-	1	45	45
Eg.	Males.	65	6	-	1	=	ı	'	92	74
	OM.	•	•	•	•	•	٠	•	•	•
	MISSI	•	•	•	•	•	•	•	•	•
	E AD	•	•		•	•		•	es,	sons,
	OF TH	•	•	•	•		٠		f cas	f per
	NUMBER OF THE ADMISSION,	First, .	Second, .	Third, .	Fourth, .	Fifth, .	Sixth, .	Seventh, .	Total of cases,	Total of persons,

16. — Form of Mental Disease in Cases of Death.

SECONDARY DEMENTIA.	Femalea.		1	1	-	,	1	1	1	1	1	1	1 1	1	1	1
SECO	Males.		ŀ	1		1	1	1	ı	ı	1	ŀ	1	1	ı	ı
	Totala.		-	1		-	ı	,	1	1	ı	1	г	ı	ı	1
Рементіа Ръжсох.	Females.		П	ı		F	1	ı	1	ı	1	1	1	ı	1	1
DE	Males.		1	1		г	1	ı	1	1	ı	1	Н	ı	1	
NIA.	.alaioT		-	ı		က	1	1	-	1	1	1	1	ı	'	
Katatonia.	Females.		1	1		-		ı	ı		1	ı	'	'	'	
KA	Males.			1		61	1	1	_	1	- 1	1	1	1	1	1
RIC LIA.	Totala.		1	1		1	ı	1	1	1	'	7	•	•	ŀ	1
CLIMACTERIC MELANCHOLIA.	Females.		1	ı		1	ı	1	1	1	ı	-	1	1	1	1
CLI	Males.		1	1		1	1	,	'	1	1	ı	1	1	•	1
IC DE- ORM,	Totals.		1	1		ı	ı	1	ı	ı	1	1	ı	ı	ı	1
Periodic Insanity, De- pressed Form, 2d Attack.	Females.		ı	ı		ı	1	1	1	1	1	1	,	1	'	,
PE INSA PRESS	Males.		ı	1		1	1	1	1	1	'	1	'	1	1	
IC DE- ORM, CK.	.alaloT		-	ı		1	1	,	1	1	,	1	1	ı	1	1
Periodic Insanitx, De- pressed Form, 1st Attack.	Females.		1	ı		1	1	1	,	,	1	1	1	ı	'	
INSA PRESS 1ST	Males.		г	ı		1	1	1	ı	,	1	1	'	ŀ	ı	1
IN- RM,	.alaloT		,	ı		1	ı	1	ı	1	г	1	C1	•	1	,
Pertodic In- Sanity, Manic Form, 1st attack.	Females.		1	ı			ı	ı	ı	,	1	1	C1	1	1	1
PER S. MAN 1ST	Males.		1	1		1	1	1	'	'	-	ı	1	ı	1	1
TY.	Totals.		1	ı		ŀ	1	1	1	1	1	Ç1	C1	1	ı	1
EPILEPTIC Insanity.	Females.		ı	1		1	1	ı	ı	1	,	ı	ı	ł	1	
	Males.		1	1		1	1	1	-	1	1	ç1	c1	1		
A GGREGATE.	Totale.		1	7		12	1	1	1			19	15	¢1	¢1	_
BREG	Females.		c1	1		ಚಿ		1	1	1		11	∞	C1		
V G	Males.		C			0	1			C1	_		1-		c1	
			٠	•		•	nia,	٠	•	•	•	•	•	٠	•	•
	EFET.		٠	•		٠	Phthisis and broncho-pneumonia,	•	٠	•	•	•	٠	•	•	•
	S		٠	•		•	p.bnc	age,	•	•	٠		•	ia,	•	•
	-	,	٠	٠	n: -	alis,	nehe	orrh	gs,	٠	•	onia,	ia,	mon	٠,	•
	CAUSES OF DE	E			sten.	nou	bro	Pulmonary hemorrhag	Gangrene of iungs,	unge	Pneumothorax,	Broncho-pneumonia,	Lobar pneumonia,	Hy postatie-pneumonia	Acute bronchitis, .	
	<u> </u>	yster	ion,	œ̂.	у ву	pnl	and	ary l	e of	of l	thor	-bu¢	nen	tte-1	ronc	
)AU	ns er	aust	ılyei	ratoı	iieis	nisis	nou	gret	ema	nmo	nche	ar p	osta	te b	ırisy
		Nervous system:	Exhaustion, .	Paralysis,	Respiratory system:—	Phthisis pulmonalis,	Phtl	Pulr	Gan	Oedema of lungs, .	Pne	Bro	Lob	Hyp	Acu	Pleurisy,

Circulatory system:-				_		-		=	_		=	-	-	=	-		=	-	-	=	-		-	_		_	_	
Cerebral hemorrhage, .			70	41	6	ı	1	1	i	1	1	1	1	1	1	ı		1	1	1	1	,		1 73	61	1	1	1
Acute dilatation of heart,	rt, .				-	1	1	1	1	1	1	1	1	1	1	I	1	1	1	1	1	1	1	1	1		•	-
Endocarditis,		•		ده	4	ı	1	1	1	1	1	1	1	,	1	1	1	1	1	1	1	-		1	1	1		-
Heart failure, .					61	1	1	ì	,	ī	_	1	-	1	1	ı	1	1	1	1	1	1	<u>-</u>	1	1	1	1	1
Sinus thrombosis, .		•		1	Т	1	ı	ı	1	ı	1	1	1	1	1	1	1	ı	-	-	-	1	÷	<u> </u> -	1	1	•	1
General :-																												
Peritonitis,		•	61		61		1		1	1	,	1	1	1	,	1	,	1	1	1	1	1	<u>'</u>	1	1	1	1	1
Acute enteritis, .				ಣ		1	1	1	1	<u>I</u>			1	-		1		1	-						1	<u>'</u>		1
Strangulated hernia,			<u>'</u>	1	-			ı	1	1	1	1	1	1	1	1	1	1	1	1	1	-	-	1	1		1	
Septicæmia, .					61	1	1	1	1	1	-	-	1	1	1	1	,	1	1	ı	1	1	-	+	1		1	ı
Parenchymatous nephritis, .	itis, .	•		1	г	1	1	ı	1	1	1	1	1	1	1	1	1	ı	1	1	1	1	-	1	'	1	1	ı
Interstitial nephritis,			-	-		1	ı	1	1	1	-	1	ı	1	1	1	1	ı	1	1	1	1	'	<u> </u>	1	1	1	1
Chronic nephritls,			-		-	1	1	1	1		1	1	1	1	1	1	1	1	ı	1	1	1	-	1	1	1	1	1
Nephropyosis, .			_		61	1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	-	1	1			1
Carcenoma,				'	-	1	ı	1	ı	1	1	1	1	1	1	1	_	1	1	1	-	1	1	1		1	1	1
Asphyxia (suicide),				1	-	1	1	1	ı	1	1	1	1	- 1	-	-	- 1	-	-	-	-	-	-	'	1	1	<u> </u>	
Totals,			57	44	101	2	1	2	1	61	က	1	1	-	1	1	1	-	4	5	2	63	4.	4 1	2	-	64	es_

16. - Form of Mental Disease in Cases of Death - Concluded.

E rIA.	Totals.		4	1		-	ı	1	ı	١,	'	11	F	64	-	'
SENILE DEMENTIA.	Females.		ī	1		-	1	1			1	6	1	61	ı	1
B DEI	Males.		4	1		1	1	1	1	1	ı	64	1	1	-	1
īc I.Ā.	Totala.		1	-		ı	1	1	ı	1	1	61	1	1	-	ı
ORGANIC DEMENTIA.	Females.		1	1		1	ı	ı	1	1	1	г	1	•	ı	ī
OF	Males.		1	_		1	1	1	ı	ı	1	m	•	1	-	1
ow's	Totale.		ı	ı		1	ı	ı	ı	-	•	1	-	1	1	1
Huntington's Chorea.	Females.		1	1		1	1	1	1	ı	1	1	г	'	1	1
HUNC	Males.		1	1		1	1	1	1	-	1	'	1	'	1	
UM ON.	Totals.	1	_	ı		ı	1	1	1	ı	1	1	ı	1	1	1
DELIRIUM OF INANITION.	Females.		1	ı		ı	1	1	ı	ı	1	1	1	1	1	١
DE	Malea.		-	1		1	1	1	ı	1	1	ı	1	1	1	1
CE UM.	Totale.		ı	1		1	1	1	1	1	ı	1	1	1	1	1
Febrice Delirium.	Females.		ı	1		ı	ı	1	ı	ı	1	ı	7	ı	1	1
FE	Males.		1	1		ı	1	1	ı	ı	1	ı	ı	ı	1	1
n i	Totale.		1	ı		1	1	1	1	1	ı	1	1	1	1	ı
Toxic Insanity.	Females.		1	1		ı	1	ı	1	ı	-1	ı	1	1	ı	ı
Ins	Males.		i	1		ı	ı	1	ı	ı	ı	1	ı	1	1	1
LIC Y.	Totals.		ı	ı		ı	ı	1	1	ı	1	'	-	ı	ı	1
Alcoholic Insanity.	Females.		ı	1		ı	1	ı	1	ı	ı	ı	П	ı	1	1
ALCINS	Males.		ı	1		,	1	ı	1	1	1	1	1	ı	1	-
AL SIS.	.alaioT		C1	ı		9	-	-	1	1	,	က	ro	1	1	ı
GENERAL Paralysis,	Females.			1		ı	-	-	ı	1	ı	1	C 1	1	ı	ı
GE Par	Males.		-	1		9	1	1	1	1	1	က	က	ı	1	1
IA.	Totala.		1	ı		1	1	1	1	1	1	1	1	ı	1	£
Paranoia.	Females.		1	ı		1	1	1	1	1	1	1	1	1	,	1
PAF	Males.		1	1		ı	ı	1	1	1	1	1	1	1	'	'
			٠	•		•	•	•	•	•	•	•	•	•	•	•
			•	•		٠	la,	٠	•	•	٠	•	•	•	•	•
	ЭЕАТН.			•		٠	Phthisis and broncho-pneumonia,	•	٠	•	٠	•	•		٠	
	DEA						pnen	şe,	•	•	•	•				
	OF		•	٠	1	ile,	cho-j	rhag	. 6	•	•	ıia,		Joot	•	
	CAUSES OF	Nervous system :			Respiratory system: —	Phthisis pulmonalis,	bron	Puimonary hemorrhag	Gangrene of lungs, .	Oedema of lungs,	,	Broncho.pneumoula,	Lobar pneumonia, .	Hypostatic-pneumonis	Acute bronchitis, .	
	, USD	stem	on,		878	mind	nd l	ry he) of 1	of lu	Pneumothorax,	pnet	enm	ic-pi	onch	
	CA	8 8 %	Exhaustion,	Paralysis, .	torv	sis I	sis a	onar	rene	ma o	moth	cho-1	r pn	etat	e bro	Jan.
		noa	xpa	aral	pira	htbi	hthi	nim,	ang	ede	nen	ron	opa	lypo	cut	Pienriav.
		Neı	H	Ç.,	Ree	Ъ	Ъ	Д	9	0	4	H	H	Щ	¥	12

Orechard hemorrhage,				_																			•	
temorrhage,	irculatory system:							-	_						-	-	 _			,				,
tution of heart,	Cerebral hemorrhage,			_	61	¢1	1						 1	1	1	,		 		-	7	1	61	C1
titis,	Acute dilatation of heart, .					6	1						1	1	1	ı			1	ı	1	ı	1	1
Inhosis,	Endocarditis,		-			1	1						1	1	1				H	1	7	ı	-	-
mbosls,	Heart failure,		-			ı	1						 1	1	,				1	1	ı	_	-	61
this,	Sinus thrombosis,		-			,	1						 1	1	1		 	 	1	1	1	1	1	
erttis,	· [carous																 	 _						•
nia,	Jeneral:					-	-						 1	1	1	-	 			1	1	1	1	1
nia,	Peritonius,					-	1						 -	1	-	- 1	 			'	1	1	61	63
	Acute enteritis,					'	ı	_			_									,	,			
	Strangulated hernia,					1	1						 1	ı	ı	اء	 		_	-	_	t	1	ı
	Septicamia,					-	-						-	ł	ı	1	 		1	1	1	1	1	1
	Parenchymatous nephritis, .					1	ı						 1	1	ı	1	 _	 	1	1	ı	1	1	ı
	Interstitlai nephritis,					1	ı						 ı	1	ı	ī	 		1	ı	1	1	-	-
	Chronic nephritis,					-	1						 1	ı	1	1	 		1	1	ı	ı	ı	,
	Nephropyosis,	•				-	1	_					1	1	1	1	 	 		ı	1	1	1	ı
	Carcenoma,		'			1	1						ı	1	1	ł	 	 		1	ı	-	ı	_
$\frac{1}{2}$ $\frac{1}$	Asphyxia (suicide),	•	1			1	ı						 ī	1	ı	1			!	•	T	1	T	- 1
	Totals,		-		61	8		1	!	!		<u> </u>	 3	H	-	1	 	 		ಣ	1-	10	13	29

17.—Recoveries, classified by Duration of Disease and Treatment.

				LAS	LAST ATTACK	CK.						ALL /	ALL ATTACKS.		
TOTAGA	DURAT	DURATION BEFORE ADMISSION.	ORE	HOSPITAL RESIDENCE	AL RESI	DENCE.	WHO	WHOLE DURATION FROM THE ATTACK,	TACK,	WHOL OF M	WHOLE KNOWN PERIOD OF MENTAL DISEASE,	PERIOD SEASE.	WHOLE	WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.	RIOD OF
, TOTAL L	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	.slatoT	Males,	Females.	Totals.
. Insane:— Under I month,	21	18	39	12	-	13	2	-	ಣ	63	1	ಣ	12	1	13
From 1 to 3 months,	13	6	22	28	14	42	6	4	13	6	4	13	25	12	37
3 to 6 months,	<u> </u>	, ,	41	50	7	ग व	12	14	26	G ;	 	555	17	15	32.5
o to 12 months,	ۍ بر <u>.</u>	- 6	- [-	J 02	2 ≈	2 9	14	ο c.	16	7 6	೦ ೮:	15		- 4	47
2 to 5 years,	9	03	- 00	1) [) I	9	1 33	6	7	4	11)	(00)	. e.
5 to 10 years,	,	1		1	_			7	C) 1	_		67 (ı	-	1
10 to 20 years,	_	ı	_	ł	ı	ı	-	ı	_	-	-	27 1	1	1	1
Over 20 years,	1 %	1 9	1 08	1 1	1 1	1 1	106	1 9	1 08	99	' =	- 65	1 1	1 1	1 1
			3					3	3		:	3			
Totals,	76 12. 5	43	119 8.82	76	43	$\frac{119}{5.82}$	$\begin{array}{c} 76 \\ 16.3 \end{array}$	43 9.35	$\frac{119}{12.82}$	$\begin{array}{c} 76 \\ 22.81 \end{array}$	$\begin{array}{c} 43 \\ 16.26 \end{array}$	$\begin{array}{c} 119 \\ 19.53 \end{array}$	$\frac{76}{5.13}$	9.0	$\frac{119}{7.06}$
B Habitual drunkards :-				-	(((d
From I to 3 months,	ı	1 -	1 -	ı	71	2/1	1	1 -	۱ -	1	l -	1 -	1	24	77
Unknown,	1 1			1 1	1 1	1 1	1 1			1 1		- 	1 1	1 1	1 1
Totals	1	0	6		2	6	1	2	2	'	2	2		2	2
Average of known cases (in months).	1	96	96	1	5.5	2.5	ì	98.75 98	98.75	ı	98.75	98.75	1	2.5	2.5

18. — Deaths, classified by Duration of Disease and Treatment.

				LAS	LAST ATTACK	CK.						ALL A	ALL ATTACKS.		
PERIOD	BEFO	DURATION BEFORE ADMISSION	Nasion.	HOSPITA	HOSPITAL RESIDENCE	ENCE.	WHOL	WHOLE DURATION FROM THE ATTACK.	FION PACK.	WHOL!	WHOLE KNOWN PERIOD OF MENTAL DISEASE.	PERIOD SEASE.	WHOLE	WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.	RIOD OF
	Males.	Lemales.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males,	Females.	Totals.
Under 1 month,	∞	9	14	6	4	13	-	1	67	1	1	63	6	4	13
From 1 to 3 months,		00	15	9	4	10	5	8	7	5	2	2	9	4	10
3 to 6 months,		83	က	10	13	23		5	9		5	9	∞	13	21
6 to 12 months,	00	5	13	00	7	12	6	က	12	6	ಐ	12	6	4	13
1 to 2 years,	ಀ	7	10	13	10	23	5	2	12	5	2	12	13	6	55
2 to 5 years,	∞	2	15	2	ç	12	12	œ	20	12	00	50	00	9	14
5 to 10 years,	ಣ	ಣ	9	က	4	2	ō	5	10	5	ū	10	က	4	2
10 to 20 years,	~	1	67	1	1	Ī	67	3	4	2	63	4	1	1	1
Over 20 years,	_	-	C 3	_	ı	1	-	_	7	_	_	2	-	1	,
Unknown,	16	01	56	ı	ı	ı	16	10	56	16	10	56	ı	1	ı
Totals,	57	44	101	57	44	101	57	44	101	57	44	101	57	44	101
Average of known cases (in months), 27.31 24.67 25.99 17.28 18.18 17.73 40.83 45.12 42.97 41.46 45.32	27.31	24.67	25.99	17.28	18.18	17.73	40.83	15.12	12.97	41.46		43.39	17.89	18.63	18.26
						-									

19. - Annual Admissions since the Opening of the Hospital, with the Discharges and Deaths within the Official Year, and the Number of Each Year's Admissions remaining Sept. 30, 1898.

	1 m	Totals.	
	NOT INSANE.	Females.	111111111111111111111111111111
	NOT	Males.	11111111111111111111111111111
	-	Totale.	11,11111111111111111111111111
	DIED.	Females.	
	"	Males,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9	ED.	.alaioT	
1 800	NOT IMPROVED.	Females.	
NEW CASES.	NOT II	Males.	(11111111111111111111111111111111111111
NEW C.	T GNA .	Totale.	
IN	IMPROVED.	Females.	
J. Contract	IMP	Males.	
	-	.slatoT	11111111111111111111111111111
	IMPRO	Females.	
	MUCH IMPROVED.	Males.	
	=	raimo I	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	RECOVERED.	Females.	+::::::::::::::::::::::::::::::::::::::
	REC	Males.	171111111111111111111111111111111111111
		.alstoT	1125 1135 1142 1142 1143 1144 1144 1145 1165 1165 1165 1165 1165
	Admitted.	Females.	44 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Δī	Males.	28 28 28 28 28 28 28 28 28 28 28 28 28 2
	5		
	YEARS ENDING	. 30.	
	RS	SEPT. 30.	
	YEA		1833 1833, 1833, 1833, 1833, 1833, 1833, 1833, 1833, 1833, 1833, 1833, 1833, 1844, 1845, 1845, 1845, 1855, 1

																																		_		. 1	~
	'	'	'	'	'	'	'	•		•		'	'	'	'	'	_	<u>'</u>	<u>'</u>	'	<u>'</u>	_	_	_	_	_	_	_	_	_		_		_			
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11	'	1	•	'	1	1	1	'	1	1	ī	1	•	1	1	1	'	'	1	1	i	1	1	1	1	1	1	1	1	_	1 1	8	•	4 1	120	-	30
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1862,	1861	1865	1866	1867.	1868.	1869,	1870	1871.	1872,	1873	1874.	1875	1876.	1877.	1878.	1879	1880	1881	1882,	1883,	1884	1885,	1886	1887	1888.	1889	1890	1801	1809	1803	1001	1001	1000	1890,	1897,	10001	T

19. — Annual Admissions since the Opening of the Hospital, with the Discharges and Deaths within the Official Year, and the Number of Each Year's Admissions remaining Sept. 30, 1898—Concluded.

OF	R'S NB	898.	Totals.	1	ı	ı	ι	,	•	•	•	1	1	1	ı	1	1	ı	ı		-	1	1	1	•	_	١	1	ı	1	•	ı
REMAINING OF	EACH YEAR'S ADMISSIONS	SEPT. 30, 1898,	Females.	+	1	1	1	1	1	1	1	1	ī	ī	ı	i	1	ı	1	1	-	1	1	1	1	1	ı	ì	ı	1	1	ı
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		DIED.	Females.	1	ı	ı	ı	1	'	1	1	1	1	,	1	ı	1	,	ı	1	ı	1	1	1	1	ı	ı	1	ı	1	1	- -
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	-98.	VED.	Totale.	1	1	1	1	ı	1	1	1	1	ı	ı	1	t	١	,	1	1	1	1	'	'	1	1	1	+	1	1	'	'
	1897	NOT IMPROVED.	Females.	1	1	1	1	1	ł	1	1	1	1	ı	1	ı	١	ı	١	•	1	1	1	1	•	1	'	1	ı 	'	1	1
m,	TED IN	NOT	Males.	ı	1	1	•	ı	1	1	1	1	ı	ı	r	1	1	1	1	1	1	1	•	'	ı	ı	1	1	1	1	1	1
CASE	AND D	D.	.alatoT	1	ı	ı	ī	1	ì	ı	ŀ	1	1	1	1	1	1	1	f	ı	ı	1	ı	1	ı	1	1	1	1	1	1	1
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READMITTED CASES.	DISCHARGED AND DIED IN 1897-98.	IM	Males.	1	ı	ı	1	1	1	ı	1	ı	ı	1	ı	ı	t	1	ı	•	1	1	1	1	1	1	ı	ı	1	1	1	1
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		MUCH IMPROVED.	Females.		1	ı	ı	ı	ı	1	ı	ı	ı	1	,	ı	ı	1	1	1	í	1	1	1	1	ı	ı	1	ı	1	1	1
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		RECOVERED.	Females.	1	ı	ı	ı	ı	ı	ı	à	ı	1	1	ı	1	1	1	1	ı	1	1	,	ı	1	ı	ı	ł	ı	ı	ı	1
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		MITTED.	Females.	1	9	œ	6	9	15	19	15	20	8	20	33	8	38	36	36	36	32	90 90	38	ÇŦ	47	28	32	34	28	21	35	32
		ADM	Males.	-	-	10	6	17	11	55	13	14	7.7	24	20	43	36	83	56	31	27	27	44	4	38	36	54	36	45	24	17	35
		ENDING	SEPT. 30.									•			•				•		•		•					•	•	•	•	•
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1862,	1863.	1864	1865	1000	1000	1997	1868,	1869,	1870,	1871.	1872.	1873	1874,	1875,	1876,	1877,	1878,	1879,	1880,	1881,	1882,	1883,	1884,	1885,	1886,	1887,	1888,	1889,	1890,	1891,	1892,	1893,	1894,	1895,	1896	1897,	1898,	T

20.—Relapsed Cases admitted in Each Year and discharged and died in 1897-98.

	40	808.	Totals.	- 1	ı	ı	1	-	1	1	63	1	1	1	1	ಣ	1
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SPITA		NOT IMPROVED.	Females.	1	1	ı	ı	1	ı	1	ı	ı	ı	ı	1	ı)
CASES PREVIOUSLY RECOVERED IN THIS HOSPITAL.	DISCHARGED AND DIED IN 1897-98.	NOT	Males.	ı	ı	ı	ı	ı	1	ı	1	1	1	ı	ı	1	1
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LY RI	CHARG	VED.	Totals.	ı	1	ı	1	1	ı	ı	ı	1	1	ı	ı	1	ı
vious	DIE	MUCH IMPROVED.	Females,	1	1	1	ŀ	ı	ı	1	ı	I	1	ı	1	ı	1
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		ADMITTED.	Females.	ı	1	2	က	က	2	က	20	5	2	9	10	19	11
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		. 30.		•	•	•	•	•	•	•	•	•	•	•		•	•
		YEARS ENDING SEPT. 30.		•	•				•	•				•		•	•
		DING		•		•	•	•	•	•	•	•	•		•	•	•
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		YEAL		1868,	1869,	1872,	1873,	1874,	1876,	1877,	1878,	1879,	1880,	1881,	1882,	1883,	1884,

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1885, .	1886,	1887,	1888, .	1889,	1890,	1891,	1892,	1893,	1894,	1895,	1896,	1897,	1898,	Totals,

LIST OF PERSONS

EMPLOYED IN THE WORCESTER LUNATIC HOSPITAL, SEPT. 30, 1898.

Superintendent and physician, per year,						. \$3	,000	00
Assistant superintendent and physician,	per	year	٠,			. 1	,500	00
Assistant physician,	66	"				. 1	,500	00
Assistant physician,	"	"				. 1	,000	00
Assistant physicians (two),	"	"					900	00
Junior assistant physicians (four),	44	"					400	00
Steward,	"	"				. 1	,200	00
Treasurer,	"	"					500	00
Auditor,	66	"					75	00
Matron,	"	"					600	00
Clerk,	"	"					72 0	00
Stenographers (three),	p	er n	ont	h,	\$30 (00 and	60	00
Supervisor (man),			"				45	00
Supervisor (woman),		"	"				30	00
Assistant supervisors (men, two) each,		"	"				35	00
Assistant supervisors (women, two) eac	h,		"				25	00
Marker of clothing, etc.,		"	44				20	00
Seamstresses (two) each,		46	44				18	00
Attendants (men, forty-three),		"	"		\$ 23	00 to	28	00
Attendants (women, forty-five),		"	"		14	00 to	20	00
Night attendants (men, five),		"	"		25	00 to	28	00
Night attendants (women, six),		"	44				18	00
Baker,		"	"				. 50	00
Assistant baker,		66	44				27	00
Steward's assistant,		"	"				30	00
Office girl,		"	"				16	00

1898.] PUBLIC DOCUMENT—No. 2	3.	61
Kitchen men, per month,	\$25 00 and	\$35 00
Cooks (two), " "	25 00 and	28 00
Laundry man, " "		30 00
Laundress, " "		20 00
Assistant laundry man, per month,		27 00
Laundry girls (eight), " "	\$14 00 to	18 00
Kitchen girls (four), ""	14 00 to	16 00
House girls (nine) each, " "		14 00
Carpenters (four), per day,	\$2 50 and	3 00
Painters (three), " "	2 50 and	2 75
Mason, ""		3 00
Helper, " "		2 25
Plumber, per year,		900 00
Engineer, " "	1	,000 00
Firemen (two), "month,		40 00
Farmer, " "		60 00
Housekeeper, " "		2 0 00
Farm laborers (fourteen), per month,	\$23 00 to	30 00
Farm help (women, four), " "	14 00 to	18 00
Florist, " "		45 00
Coachman, ""		25 00

25 00

25 00

Expressman,

Basement and yard man,

PRODUCTS OF THE FARM

On Hand Oct. 1, 1898, and not delivered at the Hospital.

Apples, .						. 105	barrels.
Beans, shell, I	.ima,					. 25	bushels.
Beets, .						. 250 1	bushels.
Brussels sprou	ıts,					. 25 1	bushels.
Cabbage, .						. 15,000	neads.
Celery, .						. 5,500	heads.
Egg plant,						. 200	
Ensilage, .						. 500	tons.
Hay, .						. 425	tons.
Hay, swale,						. 30 (tons.
Mangolds,						. 25 1	tons.
Oat fodder,						. 30 1	tons.
Onions, .						. 475	bushels.
Parsley, .						. 51	bushels.
Rye,						. 20 1	bushels.
Sage, .						. 51	bushels.
Spinach, .						. 100	bushels.
Squash, .						. 48,800 j	pounds.
Straw rye,						. 6	tons.
Turnips, .						. 2,400 1	bushels.
Tomatoes,						. 30 1	bushels.
Pop corn,.						. 201	bushels.

FARM ACCOUNT.

					I	OR.				
Bread, .										. \$200 00
Butter, .										. 680 54
Blacksmit	hing,									. 214 10
Groceries,	etc.,									. 1,570 74
Meats, .										. 1,711 51
Sugar, .										. 336 59
Wages, .										. 5,800 24
Live stock	, .									. 1,840 50
Grain and	meal,									. 4,512 31
Light, .										. 192 28
Fuel, .										. 440 27
Water, .										. 126 62
Pasturage.										. 120 00
Seeds, .										. 53 95
Repairs, .										. 144 88
Fertilizer,										. 370 00
Other curi										. 730 39
		1	,							
										\$19,044 92
Net g	ain fo	r year	end	ing S	ept. 3	30, 18	98,			. 1,599 17
Ū					_					
										\$20,644 09
					•	CR.				
Apples, 35	i barr	els,.								. \$79 50
Asparagus	s, 34½	dozen	bun	ches,						. 34 50
Bones, .										. 51 00
Brussels s	prout	s, 6 bu	shels	S, .						. 14 00
Beans, str	ing, 9	2 bush	els,							. 69 00
Beans, Li	ma, 24	bush	els,							. 29 38
Beans, she	ell, 51	bushe	ls,							. 51 00
Beets, 240										. 128 75
Corn, 138										. 207 00
Currants,	428 b	oxes,								. 42 80
Cabbage,										. 233 25
	203 ba	arreis.								
Cash for l				•	·	•				. 929 59
Cash for l	ive st		ld,		•	•	•		:	

WORCESTER LUNATIC HOSPITAL. [Oct. '98.

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Amount brought forward,						\$1,869	77
Celery, 169 dozen bunches, .						293	25
Cauliflower, 636 heads,	·				Ċ		60
Chicken, 101 pounds,				i	Ċ		10
Cider, 4 gallons,		·		Ċ	Ċ		60
Dandelions, 241 bushels, .					·	120	
Eggs, 453 dozen,							08
Egg plant, 18 bushels,					Ċ		25
Fowl, 91 pounds,			•		Ċ		58
Gravel, 177 loads,					i		70
Hay, 3 tons,							00
Horse-radish, 10 pounds, .							80
Honey, 8 pounds,					Ċ	1	60
Hides, 2,					Ċ	_	00
Kale, 69 bushels,					i		50
Lettuce, 413 dozen,						193	
Melons, 152½ bushels,						112	
Milk, 309,666 quarts,						12,386	
Oats, 594 bushels,					٠	211	
Pickle cucumber, 157 bushels,						156	
Peas, 105 bushels,						149	
Parsley, 5 bushels						4	60
Pork, 30,295 pounds,						1,592	93
Pears, 20 bushels,							00
Plants, celery, cabbage and tom						13	50
Parsnips, 59 bushels,						88	50
Onions, 516 bushels,						524	90
Raspberries, 45 quarts,						9	00
Radish, 4,055 bunches,						143	25
Rhubarb, 3,450 pounds,						61	35
Squash, 22,930 pounds,						501	42
Sled, ox and manure spreader,						45	00
Squash, summer, 136 bushels,						40	78
Swiss chard, 157 bushels, .						78	25
Strawberries, 983 boxes, .						100	52
Spinach, 148 bushels,						102	30
Tomatoes, 207 bushels,						194	24
Tomatoes, green, 46 bushels,.						25	40
Turnips, 107 bushels,						51	25
Wood, 11 cords,						53	50
Wood, standing,						1,154	00

\$20,644 09

